



STATE OF ARIZONA
APPLICATION FOR CERTIFICATION
 AS A PARTICIPATING CANDIDATE

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)

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☒ Initial Application

☐ Amended Application

FILERID

2004-93034

NAME OF CANDIDATE DAVID W. STEVENS		OFFICE SOUGHT (include Legislative District, if applicable) State Representative LD25	
ADDRESS (NUMBER & STREET) 4145 S Comanche Drive		CITY Surra Vista	STATE AZ
MAILING ADDRESS (if different from above)		CITY	STATE
CANDIDATE'S TELEPHONE # 520-378-0394	CANDIDATE'S FAX # N/A	CANDIDATE'S E-MAIL ADDRESS stevensd41@hotmail.com	
CANDIDATE'S PARTY AFFILIATION (if any) Republican			
NAME OF CANDIDATE'S COMMITTEE DAVID STEVENS 2004			
COMMITTEE'S ADDRESS 4145 S. Comanche Drive		CITY Surra Vista	STATE AZ
COMMITTEE'S PHONE # 520-378-0394	COMMITTEE'S FAX # N/A	COMMITTEE'S E-MAIL ADDRESS stevensd41@hotmail.com	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948) NONE			
DESIGNATED INDIVIDUAL'S ADDRESS		CITY	STATE
DESIGNATED INDIVIDUAL'S TELEPHONE #	DESIGNATED INDIVIDUAL'S FAX #	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS	
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)). Stockmom's bank			

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate _____ as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Date _____

Candidate's signature _____

CCEC-003-APP/CERT-08/28/01

2003